

CITY OF WARNER ROBINS
--Warner Robins, Georgia

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) PROGRAM
O.C.G.A. § 50-36-1(e) (2) Affidavit

NOTE: O.C.G.A. § 50-36-1 defines an applicant as “any natural person, 18 years of age or older, who has made application for access to public benefits **on behalf of an individual, business, corporation, partnership, or other private entity.**”

O.C.G.A. § 50-36-1 provides a list of public benefits for which alien verification is required. Included in the list of public benefits at O.C.G.A. § 50-36-1 is “a state or local benefit as defined in 8 U.S.C. Section 1621,” which specifically includes “any grant, **contract**, loan, professional license, or commercial license **provided by an agency of a State or local government** or by appropriated funds of a State or local government.”

By executing this affidavit under oath, as an applicant for a **contract**, as referenced in O.C.G.A. § 50-36-1 from the **City of Warner Robins, Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) ____ I am a United States citizen.
- 2) ____ I am a legal permanent resident of the United States.
- 3) ____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:
_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document (i.e. valid driver's license or passport), as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (City), _____ (State)

Signature of Applicant _____

Printed Name of Applicant _____

Name of Business _____

SUBSCRIBED AND SWORN BEFORE ME ON

THIS ____ DAY OF _____, 20____.

NOTARY PUBLIC Commission Expires: _____